

MENTAL ILLNESS DOES NOT DISCRIMINATE,
BUT SOMETIMES PEOPLE DO.



STOP
MENTAL
ILLNESS
STIGMA

**UNDERSTANDING
STIGMA**

Stigma was for me the most agonising part of my disorder. It cost friendships, career opportunities, and most importantly, my self-esteem

For most people living with mental illness, stigma and discrimination are part of their lives.

What is stigma?

Stigma happens when a group in society are not regarded with the same respect as others. There are numerous definitions but, put simply, stigma is primarily a problem of behaviours resulting in the unfair and inequitable treatment of people.

Stigma involves a variety of myths, prejudices, and negative stereotyping of people with mental health issues.

It may:

- involve inaccurate or hurtful representations
- be associated with social or cultural stereotypes
- be unintentional and result from a genuine lack of understanding about mental illness

Types of stigma include:

- | | |
|--------------------------|---|
| Personal stigma | a person's stigmatising attitudes and beliefs about other people
(e.g. 'people with depression should snap out of it') |
| Perceived stigma | a person's beliefs about the negative and stigmatising views that other people hold
(e.g. 'most people believe that a person with depression should snap out of it') |
| Self-stigma | the stigmatising views that individuals hold about themselves
(e.g. 'I should be able to snap out of my depression') |
| Structural stigma | the policies of private and governmental institutions that restrict the opportunities of people with mental illness
(e.g. 'mental health services and research don't deserve as much funding as other health problems.') |

Is stigma common?

Despite some signs of progress, stigma against people affected by mental illness is still prevalent in Australia and it takes many forms. Most people living with a mental illness report having experienced stigma.

A 2006 survey by SANE Australia found three-quarters of the 350 respondents said that they had personal experience of stigma in the general community and 13% felt they had experienced stigma from staff in a health service, while 16% reported stigma in their place of work.

Living in a community where you feel mocked and shunned is – understandably – a highly distressing and isolating experience. When stigmatising attitudes are acted upon, they then lead to discrimination, where people are actually treated differently. While discrimination against people with a mental illness or other disability is unlawful on these grounds, stigma and vilification remain perfectly legal on mainland Australia.

Millions more family members and friends are also affected indirectly in a ripple effect, that spreads throughout the community.

It's unthinkable that people affected by other conditions – such as diabetes or cancer, for example – would be regularly made fun of and insulted in Australia today. The same respect and compassion, however, is not always given to those of us affected by a mental illness

I get hurt when I see remarks that label people who are mentally ill with names such as 'psycho'.

Don't they realise that's my son they're talking about?

What harm does stigma do?

Fear of being stigmatised or labelled is a major reason why many people living with a mental illness will not seek help. In rural areas there can often be apprehension around help-seeking and a fear of the stigma sometimes associated with mental illness - particularly in smaller communities where individuals are more visible and confidentiality is less assured.

People with a mental illness commonly report the stigma they encounter can be as distressing as the symptoms of their illness at times.

Stigma by health professionals regarding the physical health of people with mental illness remains a major barrier to quality care and treatment.

Stigma can include negativity by a practitioner about a patient's chance of recovery, misattribution of unrelated health care complaints to a patient's mental illness, and a lack of assessment, monitoring and documentation of the physical health status for people with severe mental illness.

A 2015 report by the Royal Australian and New Zealand College of Psychiatrists noted that "this powerful form of stigma directly contributes to the shorter life expectancy of people with serious mental illness".

There is increasing evidence suggesting that access to employment is associated with better mental health. However, stigma is one of the biggest barriers to employment for people living with mental illness.

Research has found many workers are fearful of telling their employer they have a mental illness, because disclosure may impact on their career or they may even lose their job.

A national study released by SANE Australia in 2013 found almost 50% of Australian workers who had taken time off work because of depression kept the reason hidden from their employer. The study, involving more than 1000 workers, found almost 1 in 2 who hadn't informed their employer (48%) had felt they would put their job at risk if they told their employer the reason for time off.

6

Stigma stops people from putting their hand up to say they are living meaningful, purposeful lives.

This is to the detriment of those newly diagnosed seeking hope for recovery, and society at large

There is a substantial body of evidence that some primary and mental health care professionals interpret physical health symptoms and concerns as a mental health rather than a physical health issue – a phenomenon called 'diagnostic overshadowing'.

As a result, medical professionals often fail to identify and treat physical health problems or undertake routine preventative services.

Media portrayal of mental illness also plays a major role in determining public attitudes towards mental illness. To influence public attitudes it is important to improve the way the issue is reported and represented in the media.

The Australian Government's Mindframe initiative takes a comprehensive approach to this challenge. The SANE Media Centre and StigmaWatch programs are integral to the initiative, taking a positive approach to educating and working with the media – filmmakers, scriptwriters, TV, radio and online producers/journalists, as well as staff working on magazines and newspapers. Much of SANE's work in this area is conducted behind the scenes, ensuring that stigmatising attitudes do not appear in the media in the first place.

7

What is the impact of stigma on the person?

Stigmatising attitudes towards people with mental illness:

- does cost lives. It's estimated that more than two million Australians don't seek help for mental health problems every year.
- discourages people from telling others about their symptoms and getting help when they need it, resulting in delayed treatment, reduced quality of life – social, financial, housing and employment – and even a higher risk of suicide
- stigma can prevent them using health services
- limit their access to employment, housing and insurance
- impacts on personal relationships

What is the impact of self-stigma?

- 'Self stigma' can lead to social withdrawal and poor self-worth, stopping people from seeking help and potentially increasing their vulnerability.
- Self-stigma has an impact on their behaviour too, working against effective treatment, support, and recovery.
- Accepting others' prejudiced beliefs about mental illness can lead people affected to believe they are less worthy of respect and inclusion in society. This has a profoundly corroding effect on the sense of self, of who you are.
- Contributes to social isolation and loneliness.
- Belief that the illness is a 'life sentence', with no hope of improvement or acceptance as part of the community, also leads to a sense of hopelessness.
- Self-stigma and discrimination may prevent or delay a person seeking the help they need, when they need it; hence increasing the severity of mental health and physical health conditions, and reducing life expectancy for people with severe mental illness.

People living with mental illness say, a reduction in stigma would help them to:

- feel better about themselves
- manage their illness better
- get back to work or study
- join in social activities

The effects of stigma are so harmful they can even alter how people affected by mental illness value themselves.



Reducing stigma - what can be done?

Reducing stigma isn't easy but it is "the single most important barrier to overcome" according to the World Health Organisation. In fact Dr Norman Sartorius, the President of Association for the Advancement of Mental Health, has said: "Experience from all over the world proves that it is not possible to build satisfactory mental health programs without a serious and continuous effort to reduce or prevent stigmatisation of mental illness."

A 2008 report for the Mental Health Foundation of New Zealand examined the issue of self-stigma in detail and made eight recommendations to eliminate it:

- recognise the contribution of (people with) mental illness and foster leadership
- celebrate and accept difference
- affirm human rights
- encourage disclosure
- encourage recovery-oriented practices
- encourage empowerment
- support peer support services
- challenge attitudes and behaviour

Evidence suggests at least two key strategies to reduce stigma:

Educational approach

which provides people with information and resources that challenges inaccurate stereotypes and replaces them with factual information

Contact-based approach

which facilitates personal contact with people with a mental illness.

Educational approach:

'Calling stigma for what it is'

The *Obsessive Compulsive Action Figure* was reported to SANE Stigma Watch in 2008. As well as a 'joke' action figure, the product included a towellette to wipe germs from door handles, and a 'Day in the Life' which mocked the symptoms of Obsessive Compulsive Disorder (OCD). SANE contacted the Newslink chain which distributed the figure, explaining that OCD was a serious, distressing illness, and that the product was offensive and stigmatising. Following discussions between SANE StigmaWatch and Newslink management, the figure was withdrawn from sale across Australia.

In December 2015 the Victoria Civil and Administrative tribunal delivered its findings regarding the case of Ella Ingram vs QBE Insurance. The tribunal found in favour of Ms Ingram, awarding her financial compensation. Ms Ingram took out travel insurance with QBE in 2011 ahead of a school trip to the USA. In the months leading up to the scheduled trip she experienced depression for the first time in her life. Following treatment and advice from family and medical practitioners, she was not able to travel as planned and sought to claim the cost of her trip against her travel insurance.

QBE rejected this claim on the basis of a blanket exclusion for mental health in the policy she purchased. The tribunal's finding represents a huge milestone in challenging discrimination on the basis of mental illness. The Tribunal found that QBE "engaged in unlawful discrimination when it included a mental illness exclusion in the policy issued to Ms Ingram and when it denied her indemnity relying on that exclusion". (MHA)

Be aware of your own attitudes and behaviour

We've all grown up with prejudices and stereotypes that are passed on in society and reinforced by the people that we know. These can influence our attitudes and behaviours without even knowing. Take the time to review what you think, write and say. How will it impact on someone affected by mental illness?

Know the facts

Information about treatment and diagnosis of mental illness is changing constantly, keep abreast of emerging research. The experience of someone affected by mental illness can vary from person-to-person. Talk to a range of people affected by the illness to get a holistic picture.

Contact based approach:

Organisations can provide opportunities for people, including those with mental health issues, to meet together in a respectful and solution focused environment.

The senior research fellow at the Melbourne School of Population and Global Health believes there is also a need to address stigma and discrimination with specific mental illnesses. Stigma around psychotic mental illnesses including schizophrenia, which require the most intensive and costly care, can lead to late help-seeking which in turn has severe human and financial costs.

We know that awareness of mental ill health does not automatically mean a reduction in stigma or an increase in help-seeking behaviours. SANE Australia advocates that increasing awareness around mental illness must go hand in hand with a change in attitudes and behaviours, in order to be effective in increasing the number of people seeking help and support for mental health concerns.



For more information

'A Life without Stigma'

An in-depth look at stigma and its impact, as well as examines what countries around the world are doing to improve understanding of mental illness, identifies what really works, and makes concrete recommendations for what Australia needs to do.

Report available at www.sane.org

Sign up for StigmaWatch and make a difference.

www.sane.org

Hume Partners in Recovery

www.humepir.org.au

Loddon Mallee Murray Partners in Recovery

www.pir.net.au

Murray PHN

www.murrayphn.org.au

beyondblue

www.beyondblue.org.au

Black Dog Institute

www.blackdoginstitute.org.au

See Me

www.seemescotland.org

Stop Stigma Sacramento

www.stopstigasacramento.org

Make the Pledge

www.time-to-change.org.uk

Heads Up

www.headsup.org.au

'A National Framework for recovery-orientated mental health services'

www.health.gov.au



MENTAL HEALTH
SUPPORTIVE
RESPECTIVE
STOP STIGMA
FORM RECOVERY
STIGMALIST